Exhibits 1–13 to the Declaration of Jeffrey B. Coopersmith

Exhibit 1

To: Mark Pandori[mpandori@theranos.com]
From: Adam Rosendorff[/O=THERANOS ORGANIZATION/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=ADAM ROSENDORFD92]
Sent: Mon 5/19/2014 5:45:32 PM (UTC)
Subject: RE: Bias Correction Missing for TSH and FT4 lots

Thanks,

Adam

Sent from my Windows Phone

From: Mark Pandori
Sent: 5/19/2014 10:40 AM
To: Adam Rosendorff
Subject: FW: Bias Correction Missing for TSH and FT4 lots

Just fyi, as you were not cc'd. Sometimes I don't know what is happening anymore.

From: Karthik Jayasurya
Sent: Monday, May 19, 2014 9:49 AM
To: Chinmay Pangarkar; Aurelie Souppe
Cc: Nishit Doshi; Suraj Saksena; Mark Pandori
Subject: RE: Bias Correction Missing for TSH and FT4 lots

Hi Chinmay,

Looks like we have different bias correction for these assays across the lots. If so, can you tell me how to know which one to use for a new lot in future? Maybe we can put a timestamp beside.

Cheers
karthik

From: Chinmay Pangarkar
Sent: Monday, May 19, 2014 9:28 AM
To: Aurelie Souppe
Cc: Karthik Jayasurya; Nishit Doshi; Suraj Saksena; Mark Pandori
Subject: RE: Bias Correction Missing for TSH and FT4 lots

Done.
try now please.

Thanks
Chinmay

From: Chinmay Pangarkar
Sent: Monday, May 19, 2014 9:19 AM
To: Aurelie Souppe
Cc: Karthik Jayasurya; Nishit Doshi; Suraj Saksena; Mark Pandori
Subject: Re: Bias Correction Missing for TSH and FT4 lots

Thanks Aurelie.
On it now

Sent from my iPhone

On May 19, 2014, at 9:04 AM, "Aurelie Souppe" <asouppe@theranos.com> wrote:

Hi Everyone,

I am trying to generate weekend patient results for the new lots of TSH and FT4, but noticed that the bias correction information is missing in the excel file. I was wondering if I could get the updated bias correction factors the following TSH and FT4 lots:

fT4_050614
TSH_2456785002

Please let me know of there is anyone else I should contact.

Thank you,
Aurelie

Exhibit 2

To: CLIA.Lab[/o=theranos organization/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=clia.lab5f4]
From: Mark Pandori[/O=THERANOS ORGANIZATION/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MARK PANDORI16D]
Sent: Thur 5/22/2014 4:46:26 PM (UTC)
Subject: Hours

Dear CLIA Laboratory Members,

Adam and I were able to discuss with one another the results of our one-on-one conversations with each of you, and one of everyone's primary concerns is work hours.

We would like to provide to each of you an option: either to work a strictly 45 hour/week shift, or the opportunity to work an "extended" shift of more hours.

In order to accommodate this desire, and to create a new schedule in regards to it, I must ask that each of you please send by email, to Hoda, Adam and myself, your specific choice. Your choice will be, as indicated above, whether you would like to work a 45 hour/week shift, or an "extended" shift of greater hours. It really does have to be one choice or the other at this stage, as the generation of a schedule will depend on your sticking with your choice for at least one month.

Please respond with your choice as soon as you can, and most preferably, by noon on Friday, May 23.

Thanks for all of the candor and suggestions you each provided in the course of your individual meetings. Step by step, we can address these issues in our aim to improve the CLIA Laboratory.

Sincerely,

Mark Pandori

Exhibit 3

To: Mark Pandori[mpandori@theranos.com]
From: Mona Ramamurthy[/O=THERANOS ORGANIZATION/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MONA RAMAMURTHYF7E]
Sent: Tue 5/27/2014 9:52:26 PM (UTC)
Subject: Transition

Hi Mark,

Sunny is out today so he wanted me to connect with you on transition. He said that you can work from home tomorrow and Thursday to focus on documenting the following:

- HIV and HCV micro volume project
- Process you were going to setup in EMC for the Bugs lab. Please include all culture equipment that you bought and details about what you planned on doing there.
- Anything else that you believe needs to be documented for effective transition purposes

Thank you,

Mona Ramamurthy
Head of HR & Employment Counsel
Phone: (650) 470-0563
mramamurthy@theranos.com

theranos
Join us.
one tiny drop changes everything

Exhibit 4

Message

From: Mark Pandori [/O=THERANOS ORGANIZATION/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MARK PANDORI16D]
Sent: 5/22/2014 2:41:56 PM
To: Sani Hadziahmetovic [shadziahmetovic@theranos.com]
Subject: RE: Edisons

Ok, Sani.

Thank you for your attention and work to get this going. Let me know how I can assist.

Mark

From: Sani Hadziahmetovic
Sent: 5/21/2014 10:00 PM
To: Mark Pandori
Cc: Chinmay Pangarkar; Nishit Doshi
Subject: RE: Edisons

Thanks Mark. This is helpful. I'm getting involved because I've been coordinating the effort for assembling devices in Newark and having them shipped to CLIA. Based on what you outline below + doubling for the new collection sites we need approximately:

Assuming 2hr runtime per protocol (generous I believe)….

80hrs runtime for TSH – 10 readers @ 8hrs/day

40hrs runtime for FT4 – 5 readers @ 8hrs/day

44hrs runtime for Vit D – 6 readers @ 8hrs/day

56hrs runtime across TST, FT3, TPSA – 7 readers @ 8 hrs/day

+20% buffer/downtime = 34 readers TOTAL. Please correct me if my logic is off anywhere.

As I mentioned earlier, we have shipped a total of 70 devices intended specifically for CLIA use so reader availability should not be a problem, even when we bring on more assays. The issue seems to be that we are not qualifying enough devices and that devices intended for CLIA are being used for other purposes. Below is a comprehensive list of all the readers that are intended for CLIA use. We should verify that these devices are in fact being used by CLIA.

Nishit, as we discussed today, we can first identify all the idle devices as our low hanging fruit.

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From: Mark Pandori
Sent: Wednesday, May 21, 2014 7:29 PM
To: Sani Hadziahmetovic
Subject: FW: Edisons

Here is the email I sent to chinmay yesterday.

From: Mark Pandori
Sent: 5/20/2014 6:47 PM
To: Chinmay Pangarkar; Adam Rosendorff; Nishit Doshi; Aurelie Souppe; Romina Riener; Hoda Alamdar
Subject: Edisons

Hi, Chinmay, Nishit,

There remains an issue in Normandy with the number of Edison readers available for patient testing. We will surely need more readers for the following reasons:

1. The number of Edison tests is already challenging the number we have
2. A new workflow process will require all vacutainers with Edison-capable tests to be aliquoted into CTN and tested on Edisons
3. More stores are opening this week (we cannot estimate how many more specimens will be coming in as a result).

Using the current vacutainer numbers, plus the number currently run per day on average, these are the conservative estimates of what we will be seeing in about 2 weeks (estimates do not contain additions due to newly opened collection sites in AZ):

TSH: a minimum of 20/day

FT4: 10/day

Vitamin D: 11/day

Total of: TST, FT3, TPSA: 14/day

My inventory of readers available now is:

FT4: 3

HCG: 3

tPSA: 3

TSH: 2

Vit D: 3

TST: 2

TT3: 2

TT4: 2

There are apparently 2 additional readers for TSH, however they have not been characterized properly for use.

For TSH alone, we have about 10 test-hours of demand, not counting both QC runs and any reruns that are necessary. Of course other tests are demanding the attention of the Technician, so things are not run perfectly end-to-end, and so the amount of work is pretty high.

CLIA lab aims to bring more people into this section to train. However in order to be effective, extra people will need more readers.

I'd like to discuss a plan to double the number of readers for the three main tests. This will be necessary as more stores will be opening in June, and we still don't know the impact of the openings in May.

I will propose a time to meet on this.

Thanks

Mark

Exhibit 5

Message

From: Mark Pandori [/O=THERANOS ORGANIZATION/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MARK PANDORI16D]
Sent: 5/22/2014 4:35:17 PM
To: Max Fosque [mfosque@theranos.com]
Subject: RE: 33050 and 23321

No problem.

I wholeheartedly expected it all to play out exactly as it all played out.

Thanks, Max.

Mark

From: Max Fosque
Sent: Wednesday, May 21, 2014 6:50 PM
To: Mark Pandori
Subject: RE: 33050 and 23321

Thanks… should I not have sent that email, perhaps?

We would have looked very foolish in front of a large doctor's group if we had called one of those patients' for a 2nd redraw….

From: Mark Pandori
Sent: Wednesday, May 21, 2014 5:56 PM
To: Sunny Balwani; Max Fosque; Maria Millare; Adam Rosendorff; Daniel Young; Tina Lin; Nishit Doshi
Cc: Nicholas Menchel; Christian Holmes
Subject: RE: 33050 and 23321

I had been notified of this situation very recently, today, through Maria who was trying to review and release these.

The samples are both located and are scheduled to be run ASAP.

The Edison operators failed to enter these two specimens into the workflow. In a pursuit of why, it seems that at least

Part of the issue was that they were not using the pending lists now being generated each day, and instead relying on the binder downstairs with the specimen printouts. Tomorrow there is a CLIA wide meeting to discuss the utilization of the novel pending lists, and to review this issue.

Relatedly, I have on two occasions in the last 2 weeks requested more Edison readers to be made available in Normandy.

testing volumes are going up and having only 2 to 3 readers per test causes specimens to back up and for the workflow to

gain complexity. I am told that more readers are on their way, at least for the most common tests:

VitD, TSH, FT4.

Mark Pandori

From: Sunny Balwani
Sent: Wednesday, May 21, 2014 5:25 PM
To: Max Fosque; Maria Millare; Adam Rosendorff; CLS; Daniel Young; Romina Riener; Aurelie Souppe; Mark Pandori; Tina Lin; Nishit Doshi
Cc: Nicholas Menchel; Christian Holmes
Subject: RE: 33050 and 23321

cc:ing Mark, Tina and Nishit.

There are clear SOPs for where the samples need to be and where they are stored and should be stored. We cant be misplacing samples and calling patients multiple times for redraw. This is not only a bad idea but violation of SOP.

Mark and team will do a walkthrough to see where the samples are who was in charge of these so we can track them.

Thanks.

From: Max Fosque
Sent: Wednesday, May 21, 2014 5:13 PM
To: Maria Millare; Adam Rosendorff; CLS; Daniel Young; Romina Riener; Aurelie Souppe
Cc: Nicholas Menchel; Christian Holmes

Subject: RE: 33050 and 23321
Importance: High

CLS & CLA Teams,

Both Nanotainers were imaged on Friday, 5/16, at 5:33 PM. There was a CBC and Vit D ordered. CBC was run on Friday evening for both.

Stability on Vit D may be OK up to 1 week per Daniel Young.

Please find these samples. Since we store all samples for 1 week they should be in the lab somewhere. If not, please explain why so we can work to prevent this from happening in the future.

We cannot call these patients for a redraw unless absolutely necessary.

In parallel the LiHep from the previous visit for M-K is being sent to ARUP for VitD, per Gurbir's instruction.

Thanks,

Max

From: Anam Khan
Sent: Wednesday, May 21, 2014 3:42 PM
To: Maria Millare; Adam Rosendorff
Cc: CLS; Stacy Haff; Elena Scheer; Amelia Aguirre; Max Fosque
Subject: RE: 33050 and 23321

[redacted] cannot be asked to be drawn again, she has already been redrawn once before.

Sent from my phone

From: Maria Millare
Sent: 5/21/2014 6:38 PM
To: Adam Rosendorff
Cc: CLS; Anam Khan; Stacy Haff; Elena Scheer; Amelia Aguirre
Subject: FW: 33050 and 23321

Adam,

There are 2 samples again that were missed. [redacted] for TSH and [redacted] for Vit.D. Redraw request has been submitted.

Thanks,

Maria

From: Romina Riener
Sent: Wednesday, May 21, 2014 3:12 PM
To: Maria Millare; Aurelie Souppe; Nafiseh Mirnezami; Ann Ho
Cc: CLS; Mark Pandori
Subject: RE: 33050 and 23321

Hi Maria,

Sorry for the delayed response, I've been searching through our written and online sources and I can't find any data for these samples. It seems that they were missed. We're trying our best to keep track of all of the samples.

Thanks,

Romina

From: Maria Millare
Sent: Wednesday, May 21, 2014 2:54 PM
To: Romina Riener; Aurelie Souppe; Nafiseh Mirnezami; Ann Ho
Cc: CLS; Mark Pandori
Subject: 33050 and 23321
Importance: High

Hello,

I sent an email yesterday about these 2 samples, didn't get a response. Have anyone tried to check what happened with 33050's TSH and 23321's Vit. D? I believe Hoda sent an email too.

Thanks,

Maria

Exhibit 6

To: Mona Ramamurthy[mramamurthy@theranos.com]; Sunny Balwani[sbalwani@theranos.com]
From: Mark Pandori
Sent: Fri 5/30/2014 7:24:09 PM
Importance: Normal
Subject: Transition Report
Received: Fri 5/30/2014 7:24:10 PM
transition_MWP_05_2014.docx

Attached,

A document detailing the state of various projects or works in the CLIA/Bugs laboratories. It contains additional transitional information detailing the administrative functions which I have been performing as new employees arrive and on a daily basis.

I was going to share this with Adam, with your permission.

Mark Pandori

5/29/30

M.W. Pandori

Transition Index:

- **A.** HIV/HCV Smaller volume project
- **B.** EMC/Bugs
- **C.** Daily CLIA Admin Issues
- **D.** Other notes

A. HIV / HCV Smaller Volume Project

A validation study was designed and has begun to be executed. Steve Morin and Lina Castro presently own it, and have the study design which I provided to them. Brian Martin has been aiding in the running of that study.

The project aims to utilize 70 ul of plasma, generated from CTN combined with 130 ul of lysis buffer to create a volume of 200 which we know the M2000 can work with during nucleic acid extraction. Initial data (possessed by Steve Morin and Lina Castro) indicated an approximate sensitivity of 500 copies per ml. In different experiments, approximately 20% of the tests failed for a variety of extraction errors. It is hypothesized that these extraction errors were due to having to perform a certain trick which involved pausing the M2000sp instrument in the middle of extraction. On 5/29, the Abbott technician was able to unlock the M2000sp so that Lina Castro and Tina Lin could put the proper program in place which abrogates the need for pausing.

50 specimens from San Francisco Dept. of Public Health with a range of viral loads of HIV-1 have been the basis for method comparison and validation. There continues to be high volumes of such specimens available.

Once the HIV project generates consistent data of reasonable sensitivity (500 is a reasonable threshold), it is thought that HCV could be validated by the same model. Both are RNA viruses that use similar or identical extraction reagents and protocols.

B. EMC/Bugs

Specimen Processing (room 201): Two biosafety cabinets are in place, along with lab benches. Certain SOP are being constructed or are finalized for the handling of urine, swabs, sputum, blood and culture fluid. Steve Morin is the owner of the SOP process. Centrifuges (2 clinical style) for the handling of blood and sputum are on order and on the way.

Culture: The culture room at EMC (Room 117) is fitted with a biosafety cabinet (already in place at EMC) and a fume hood. A refurbished Bactec 9240 is on order to arrive there the week of 6/16. There is a 2 day installation procedure followed by a 5 day validation procedure. Lina Castro possesses the validation instructions from BD. The Bactec 9240 allows for blood cultures to be performed however our chief aim is to use it to grow organism for 6-8 hours to boost the numbers into the sensitivity range of TNAA. This validation and SOP construction was being performed by Pranav's group, with some initial assist by Lina Castro and Steve Morin for SOP construction. What has not been validated is if blood is collected into containers other than the BD Blood culture vials and is subsequently transferred. It is

recommended that vacutainers used for that protocol contain no preservative that might harm the organisms present in the blood.

The BD Phoenix Device Array is not yet moved to EMC, but a req to pay BD to move this was created and approved this week. The Phoenix allows for positive cultures to be identified and for their drug susceptibilities to be determined. This is slated to go in the same Culture Room (117) at EMC along with the Bactec and two additional CO2 incubators which can be moved simply by truck from the culture room at 1601. With the biosafety cabinet, the Bactec, and the Phoenix, the lab should be ready on approximately 6/23 to be able to perform identifications of cultures from a wide variety of sources, including blood, in addition to performing drug susceptibility testing. The validation of the Phoenix for ID and for susceptibility testing is complete and as of last week was being written up by Ashkon Niroomand.

Culture-TNAA:

Cultured specimens from blood would be grown for 6-8 hours, transferred to pre-processing and placed into 96-well plates (in the same manner as swab fluids, sputums, and urines). 96 well plates are transferred to MSM-1 units in the adjacent room (room 109) in the workflow. Extraction on MSM units results in 96-well plates that are moved into the next adjacent room (room 113) in the workflow which contains the Hamilton. The reactions mixes are generated on the Hamilton and kept on chillers but are rapidly moved (at first by human beings) to the LightCyclers (room 301 due to power requirements). Initial drafts of SOP for these processes are owned by Steve Morin.

MSM-1 units are in place, and are functional (have been tested) at EMC. The Hamilton is in place and is functional at EMC.

LightCyclers are in place at EMC, but as of 5/23, their functionality there has not been established. The power requirements were initially an issue but was resolved by moving the units to a room where Matt Hernan could resolve that (room 301).

M2000: initially we had considered moving the M2000 to EMC. However the success of Pranav's GC/CT test and the fact that the majority of tests that require the M2000 are coming in to "CLIA", it makes more sense to leave the M2000 at 1601 until the move to Newark. Moreover, Abbott will charge 10,000 dollars to move the machine, or else it voids the service contract, so moving it twice seems disadvantageous.

Cold Storage: 4 deli style refrigerators are either in place or on order, in addition to 3 -20 freezers (in place), and a cold room. Racks for the cold room are at EMC. There is a -80C freezer at 1601 which is perfect for Bugs Lab for storage of positive samples. This will fill up but I anticipated ordering additional -80 in September when volumes increase and the lab is in Newark. The primary plan was to use the cold room for culture materials and antibody testing reagents. The -20s are destined to be used for storage of TNAA reaction materials.

Personnel: Four staff members dedicated to Bugs Lab hired to date: Steve Morin (technical supervisor), Lina Castro (CLS, Safety Officer), Ashkon Niroomand (CLS), Brian Martin (Lab Tech). They understand the equipment and the process very well, as they have been involved in building EMC and learning the Hamilton and MSM-1 units. They have authored or are authoring the validations and SOP for Bugs Lab processes.

C. CLIA Admin, daily issues that require or have achieved transition:

1. **Chiefly used for safety and HIPPA training is our subscription to MediaLabinc.net.** I have transferred primary administrator privileges to Adam Rosendorff. I have made Lina Castro, as safety officer, a subadministrator so that she could assign safety courses to staff members as they start, and annually. It is imperative that all incoming staff immediately receive HIPPA training and that they pass the MediaLab-provided exam and keep their certificate onsite, all prior to initiating any contact with patient data. Additionally, I assign Chemical Hygiene, Bloodborne pathogen and fire safety to all incoming employees (all courses on MediaLab site are OSHA approved).
2. **Approving purchases (requires transition)**
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4. **Approving Time Off request:**
    a. I am approving all time off requests of less than three consecutive days before I leave. However there are several instances of longer requests which I aim to leave "open":
        i. Steve Morin, November 2014, 8 days
        ii. Ashkon Niroomand, August 2014, 14 days
        iii. David Ramos, August 2014, 6 days

D. Other notes:

Edisons: The primary concern in this section is the available number of devices. For FT4, VitD and TSH, at least a doubling of the number of units is necessary, in my opinion. This is one of the sections where more staff (lab techs) would benefit the most. I have been informed that the units require service with high frequency, so a continuous monitoring of this section is warranted. Romina, Aurelie and Ann Ho

are the primary operators, with Romina and Aurelie performing double-duty on CBC (Normandy). I had requested that Gurbir train on this to be the CLS "in charge" of this section, but when S. Howard left, he had to focus more time upstairs and on resulting and releasing and so this created some delays in his training. Jamie is well trained in this area, but remains (as of last week) working in research, with Chinmay.

Chemistry: The "cloning" project is in progress, with most of Advia 2 validation complete. Hoda had been using Melissa to accomplish this, but staffing shortages required that we pulled Melissa back to patient testing. Attention is required to finish this project (Advia 3 validations), but Hoda had lowered its priority in light of staffing issues. David Ramos is the CLS with the most training and expertise in the Advia devices. He has trained Dung Nguyen and Bona Apai in recent days, but only while I waited for a period of time to pass for their Normandy access so that they could become more involved in Accessioning.

CBC: Romina and Aurelie do this down in Normandy, along with Nereyda and Kim on a rotational basis. The transition back to original testing method and away from Fruitfly has been non-problematic. I had requested Maria Millare to train on this in Normandy, but she had not accomplished this as of last week. Part of the issue was that she had to spend a great deal of time reviewing and releasing results.

Exhibit 7

To: Adam Rosendorff[arosendorff@theranos.com]
Importance: Normal
Subject: transition report
Received: Fri 5/30/2014 7:29:37 PM
transition_MWP_05_2014.docx

Attached,

A transition report.

Hope this helps.

Mark

5/29/30

M.W. Pandori

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Exhibit 8

To: Sunny Balwani[sbalwani@theranos.com]
From: Mark Pandori[/O=THERANOS ORGANIZATION/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MARK PANDORI16D]
Sent: Fri 5/30/2014 10:09:03 PM (UTC)
Subject: RE: HCV small volume thoughts,

Yes, I understand.

From: Sunny Balwani
Sent: Friday, May 30, 2014 3:01 PM
To: Mark Pandori
Subject: RE: HCV small volume thoughts,

Thanks for the summary.

I agree. This is precisely what we were expecting and planning to do so this in line with our estimates.

As you know, this is Theranos Trade Secret and something we intend to offer soon.

Thanks.

From: Mark Pandori
Sent: Friday, May 30, 2014 1:33 PM
To: Sunny Balwani
Subject: HCV small volume thoughts,

Sunny,

Wanted to make sure I gave you my HCV thoughts you asked for, in case they help:

I reviewed several pieces of peer reviewed literature on HCV and viral load to try and get an idea of how useful a small-volume HCV test would be for treatment monitoring.
I also reviewed FDA literature on recommended sensitivities for HCV viral load tests.

I conclude that there may be considerable value to a low volume test, until the load (if the load) of the patient dips below the predicted detectable limit of a 70ul assay.
Based on the dilution factor (below), I would predict that limit to be approximately 170 copies/ml (better than the HIV).

Essentially:

The average HCV viral load of people newly diagnosed (untreated) is approximately 3x10e6.
It varies slightly (and perhaps not significantly) by genotype:

Genotype: load

1a: 2.75x10e6
1b: 3.9x10e6
3a: 2.65x10e6
3b: 2.51x10e6

If we estimate that the number is 3x10e6:

A “Rapid Viral Response” to therapy is considered in much of the literature to be a 2-log drop within 4 weeks of therapy. That would be expected to bring the average infected individual to approximately 3x10e4. This is a number well Above the expected sensitivity threshold of a small-volume assay.

A “Sustained Viral Response” to therapy is considered in much of the literature to be, at 12 weeks, an additional 2-log decrease from
The 4-week measurement, which for our estimates would be 3x10e2. It is ESTIMATED that the small volume assay would be capable of a sensitivity of this level, just based on the dilution factors. It is also probably true that there would be measurements
at 6 or 8 weeks, which would fall into the range of such an assay:

1.0 ml of plasma or serum gives a sensitivity of 12 international units/ml on the M2000,
hence, 70ul might be expected to give a sensitivity of approximately 170 copies. (to be determined).
This is based on what is roughly a 1/14 dilution factor.

Under these “average” or estimated conditions, therefore, most people would benefit from viral load tests for quite a while. It is of course going to be variable, as some patients and HCV genotypes will respond more rapidly to therapy, particularly as the therapies change. However if someone came back as undetectable on the small volume assay, a redraw would not be particularly “bad” news for the patient, as it is being done to test with a more sensitive version of the test (perhaps a Theranos developed Real Time PCR).

These are some thoughts. Hope they help these efforts out, going forward.

Mark Pandori

Exhibit 9

From: Mona Ramamurthy/O=THERANOS ORGANIZATION/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MONA RAMAMURTHYF7E]

Attendees: Sunny Balwani

Location: Sunny's office

Importance: Normal

Subject: Mark Pandori's exit meeting

Start Time: Fri 5/30/2014 10:30:00 PM (UTC)

End Time: Fri 5/30/2014 10:45:00 PM (UTC)

Required Attendees: Sunny Balwani

I will bring Mark by.

Exhibit 10

To: Ashkon Niroomand[aniroomand@theranos.com]; Adam Rosendorff[arosendorff@theranos.com]
From: Mark Pandori[/O=THERANOS ORGANIZATION/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MARK PANDORI16D]
Sent: Fri 5/30/2014 8:52:16 PM (UTC)
Subject: RE: timecard

Done

From: Ashkon Niroomand
Sent: Friday, May 30, 2014 1:29 PM
To: Mark Pandori; Adam Rosendorff
Subject: RE: timecard

That was the day I was recovering from food poisoning and left early due to feeling sick.

The time-in at 00:00 is an error and should be removed
Thus it should read
IN 8:28am
OUT 12:55pm
IN 13:27pm
OUT 15:41

Total: 6.68

Ashkon Niroomand

From: Mark Pandori
Sent: Friday, May 30, 2014 12:49 PM
To: Ashkon Niroomand; Adam Rosendorff
Subject: timecard

Hi, Ashkon,

Looks like Your timecard will require repair for 5/22. Please check it out and respond to Adam and myself with necessary corrections.

Thanks.

Mark

Exhibit 11

To: Adam Rosendorff[arosendorff@theranos.com]
From: Mark Pandori
Sent: Fri 5/30/2014 7:29:37 PM
Importance: Normal
Subject: transition report
Received: Fri 5/30/2014 7:29:38 PM
transition_MVP_05_2014.docx

Attached,

A transition report.

Hope this helps.

Mark

5/29/30

M.W. Pandori

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A. HIV / HCV Smaller Volume Project

A validation study was designed and has begun to be executed. Steve Morin and Lina Castro presently own it, and have the study design which I provided to them. Brian Martin has been aiding in the running of that study.

The project aims to utilize 70 ul of plasma, generated from CTN combined with 130 ul of lysis buffer to create a volume of 200 which we know the M2000 can work with during nucleic acid extraction. Initial data (possessed by Steve Morin and Lina Castro) indicated an approximate sensitivity of 500 copies per ml. In different experiments, approximately 20% of the tests failed for a variety of extraction errors. It is hypothesized that these extraction errors were due to having to perform a certain trick which involved pausing the M2000sp instrument in the middle of extraction. On 5/29, the Abbott technician was able to unlock the M2000sp so that Lina Castro and Tina Lin could put the proper program in place which abrogates the need for pausing.

50 specimens from San Francisco Dept. of Public Health with a range of viral loads of HIV-1 have been the basis for method comparison and validation. There continues to be high volumes of such specimens available.

Once the HIV project generates consistent data of reasonable sensitivity (500 is a reasonable threshold), it is thought that HCV could be validated by the same model. Both are RNA viruses that use similar or identical extraction reagents and protocols.

B. EMC/Bugs

Specimen Processing (room 201): Two biosafety cabinets are in place, along with lab benches. Certain SOP are being constructed or are finalized for the handling of urine, swabs, sputum, blood and culture fluid. Steve Morin is the owner of the SOP process. Centrifuges (2 clinical style) for the handling of blood and sputum are on order and on the way.

Culture: The culture room at EMC (Room 117) is fitted with a biosafety cabinet (already in place at EMC) and a fume hood. A refurbished Bactec 9240 is on order to arrive there the week of 6/16. There is a 2 day installation procedure followed by a 5 day validation procedure. Lina Castro possesses the validation instructions from BD. The Bactec 9240 allows for blood cultures to be performed however our chief aim is to use it to grow organism for 6-8 hours to boost the numbers into the sensitivity range of TNAA. This validation and SOP construction was being performed by Pranav's group, with some initial assist by Lina Castro and Steve Morin for SOP construction. What has not been validated is if blood is collected into containers other than the BD Blood culture vials and is subsequently transferred. It is

recommended that vacutainers used for that protocol contain no preservative that might harm the organisms present in the blood.

The BD Phoenix Device Array is not yet moved to EMC, but a req to pay BD to move this was created and approved this week. The Phoenix allows for positive cultures to be identified and for their drug susceptibilities to be determined. This is slated to go in the same Culture Room (117) at EMC along with the Bactec and two additional CO2 incubators which can be moved simply by truck from the culture room at 1601. With the biosafety cabinet, the Bactec, and the Phoenix, the lab should be ready on approximately 6/23 to be able to perform identifications of cultures from a wide variety of sources, including blood, in addition to performing drug susceptibility testing. The validation of the Phoenix for ID and for susceptibility testing is complete and as of last week was being written up by Ashkon Niroomand.

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From: Sunny Balwani[/O=THERANOS ORGANIZATION/OU=FIRST ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN=SBALWANI]
Sent: Fri 5/30/2014 7:28:07 PM (UTC)
Subject: RE: Transition Report

Thanks. you can share this with Adam for sure.

From: Mark Pandori
Sent: Friday, May 30, 2014 12:24 PM
To: Mona Ramamurthy; Sunny Balwani
Subject: Transition Report

Attached,

A document detailing the state of various projects or works in the CLIA/Bugs laboratories. It contains additional transitional information detailing the administrative functions which I have been performing as new employees arrive and on a daily basis.

I was going to share this with Adam, with your permission.

Mark Pandori